

**STANDARD OPERATING PROCEDURE
FOR
VIRGINIA EMS TASK FORCES**
revised 30 November 1999
Edition 6.3

Note: Additions in this revision are in italics.

INFORMATION FOR READERS: This Standard Operating Procedure is a living document. As Task Forces continue to operate as part of the Commonwealth's overall response system, there will continue to be improvements to the document. All users are asked to review the document and offer comments and recommended changes in their areas of interest and expertise. Comments should be directed to the drafter, Walter Green at the Virginia Office of Emergency Medical Services, telephone (804) 371-3500, fax (804) 371-3543 and may be verbal or in writing. No comment is unimportant; if the Task Forces are to work effectively when needed, everyone's ideas are needed and are valuable.

REFERENCES:

Virginia Emergency Services and Disaster Law of 1973, as Amended (Title 44, Chapter 3.2, Code of Virginia).

Virginia State Government Volunteers Act (2.1-554 through 2.1-558, Code of Virginia).

Commonwealth of Virginia Emergency Operations Plan, Executive Order Seventy Three (97).

Rules and Regulations of the Board of Health, Commonwealth of Virginia, 1990.

1. **OBJECTIVE:** EMS Task Forces provide standard resource packages for deployment outside their home region in response to emergency medical needs in States of Emergency declared by the Governor.
2. **COMPOSITION:** Each Task Force will be composed of:
 - a. **Required:** Where possible, preference should be given to use of four wheel

drive vehicles.

- 1 Basic Life Support Ambulance *Unit* with a crew of at least 3, each person qualified as an Emergency Medical Technician-Basic or higher level. *Although a Basic Life Support Ambulance is required as a minimum, Task Forces may choose to meet the two ambulance requirements by supplying two Advanced Life Support Ambulances.*
- 1 Advanced Life Support Ambulance *Unit* with a crew of at least 3, with at least 2 persons qualified as an Emergency Medical Technician - Cardiac or higher level.
- 1 Light, Medium, or Heavy Duty Rescue or Crash Truck *Unit* with a crew of 2, each person qualified as a First Responder or higher level and having completed extrication and light duty rescue courses.
- 1 individual designated as Task Force Commander. *Staffing the Unit Leader positions for the two Ambulances and the Crash Truck with individuals who have completed Task Force Commander training is desirable. Task Force Commanders will operate within the Incident Command System as Task Force Leaders.*

b. **Optional:**

- 1 Quick Response Vehicle, Chief=s Car, Utility Vehicle, or Support Vehicle *with a crew of 2 (may include the Task Force Commander).*
- 1 Disaster Truck with a crew of 2 or a Disaster Trailer capable of being towed by one of the other Task Force vehicles.

TBD Task Forces with access to other specialized resources (such as boats, technical rescue trailers and personnel, dive teams and trailers, lighting units, etc.) may be requested in specific situations to augment the Task Force with these resources in a mix to be determined by operational needs.

c. **Specific Vehicle Requirements:**

(1) **Rescue Truck Requirements:** Task Forces have the option to use a light, medium, or heavy duty truck. Recommended minimum rescue equipment for such a vehicle is attached (Attachment 1). Although the additional resources that a heavy or

medium duty truck provided may be highly desirable, the cost of operating these vehicles on a statewide response may be prohibitive. Larger vehicles may have difficulty moving in areas with heavy debris or damaged roads, and slower speeds may restrict the overall mobility of the Task Force. If a Task Force has such vehicles available, their use should be coordinated with the Emergency Support Center prior to actual dispatch.

(2) **Quick Response Vehicle Requirements:** Task Forces may choose to supplement their available vehicles with a Chief's Car, Quick Response Vehicle, Utility Vehicle, *Brush Truck*, or other support vehicle. *The type of vehicle chosen may be specific to expected incident conditions and needs.* No specific requirements have been established for this vehicle, although four wheel drive and enclosed space for luggage, supplies, and equipment is desirable. This vehicle is intended to give Task Forces an additional vehicle to transport supplies with, conduct reconnaissance, and serve as a quick response vehicle when needed. *The inclusion of a quick response vehicle will give the Task Force greater flexibility in responding as two vehicle teams during hazardous events.*

(3) **Disaster Truck Or Trailer Requirements:** Although formal requirements for disaster trailers or trucks have not been established, recommended minimum requirements are attached (Attachment 2). Disaster trailers must not exceed vehicle maximum weight or capacity measures. *Inclusion of a disaster truck or trailer will be based on identified requirements for additional trauma supplies.* Trailers generally will not be dispatched into known hazardous road conditions.

(4) **Crew Requirements:** Crew numbers given for vehicles are minimums to allow effective response and back-up personnel for a single 12 hour shift. Task Forces may choose to staff each vehicle with enough personnel to provide two full duty crews to allow 24 hour operations. Task Forces that do increase their manning will report to the Emergency Support Center that they are 24 hour capable.

d. **Personnel:** Task Force members who are enrolled on a formal basis in a Task Force, attend training, and participate in exercises and drills are considered Regular Service Volunteers of the Virginia Office of Emergency Medical Services under the provisions of the Virginia State Government Volunteers Act. Each individual must complete a Task Force Member Volunteer Application (Attachment 4), and this form must be on file at the Office of Emergency Medical Services.

e. **Strength:** To ensure these resources will be available on a continuous basis, the membership of the Task Force in vehicles, personnel, equipment, and agencies should be at least three deep where possible.

f. **Organization:** Task Forces will be organized according to Incident

Command System principles with a Task Force Commander and Unit Leaders.

(1) **Task Force Commanders:** Task Force Commanders will be nominated by the participating agencies from individuals who have completed training specified in this SOP and be appointed in writing by the Director of the Office of EMS. Task Force Commanders have command authority over personnel and resources assigned to their Task Forces and are responsible for the safety, performance, and discipline of their personnel and the accomplishment of the missions assigned to the Task Force. Each Task Force should have at least four members qualified as Commander.

(2) **Unit Leaders:** Each vehicle and crew will be a Unit and will have a designated Unit Leader responsible for the safety of the Unit and the direction of accomplishment of the tactical tasks assigned to it. Unit Leaders report to the Task Force Commander. Although duties are shared by all members of a Unit, in general Unit Leaders should not function as primary Driver or Attendant In Charge. Unit Leaders are nominated by the participating agencies, approved by the coordinating Task Force Commander, and appointed in writing by the Director of the Office of EMS.

3. CONFIGURATIONS:

a. **Response Packages:** Task Forces may respond in *two configurations based on specific incident needs:*

(1) **Standard Task Force** - the standard required package of people, vehicles, and equipment. This is the standard tactical unit that will be mobilized for initial response in any declared state of emergency. *The minimum, preferred (optional), and maximum (optional) standard Task Forces will be:*

(a) *Minimum - Basic Life Support Ambulance, Advanced Life Support Ambulance, Crash Truck.*

(b) *Preferred (optional) - Basic Life Support Ambulance, Advanced Life Support Ambulance, Crash Truck, Quick Response Vehicle.*

(a) *Maximum (optional) - Basic Life Support Ambulance, Advanced Life Support Ambulance, Crash Truck, Quick Response Vehicle, Disaster Truck or Trailer.*

(2) **Augmentation Task Force** - vehicles may be added and types of vehicles changed as needed to meet *unusual* specific agency and situation requirements. *Resources requested under these situations will be coordinated between the Task Force*

and the Emergency Support Center at the time.

b. **Platoons:** Task Forces may adopt internal organizational structures to better control availability of resources. One option is a platoon system with the three deep requirement met by having three complete standard task forces available. Platoons may allow scheduling so that one platoon is available at all times on rotation.

4. **DESIGNATION:** Task Forces will be accepted for use by the OEMS through a Memorandum of Agreement. Task Forces are named and numbered in sequence according to the regional Emergency Medical Services council or *sub-regional council* from which they originate and the order in which they are activated. *Numbers of Task Forces that do not complete organization or that are withdrawn from service will be reassigned to new Task Forces.*

5. **SPECIAL ASSIGNMENT UNITS:** *In some cases agencies may have critical resources that can be used in disaster response, but resources do not exist on a local or regional basis to form a Task Force. On a case by case basis the OEMS may identify these resources as Special Assignment Units by type and assign them a number in the sequence used for Task Forces. Special Assignment Units will function in all respects as a Task Force functions under the provisions of this Standard Operating procedure.*

6. **VOLUNTARY RESPONSE:** EMS Task Forces offer their services and respond on a voluntary basis to requests for assistance coordinated through the Virginia Emergency Operations Center and the ESF-8 Emergency Support Center. Requests for response are not mandatory dispatches and should only be agreed to if local needs and conditions permit.

7. **MISSION:** Task Force roles will depend on the specific need. Conceptually, several missions can be defined:

a. Initial rescue and treatment of patients encountered as rescue forces approach and gain entry to the disaster area.

b. Medical support to rescue forces entering a catastrophic disaster area.

c. Supplementing local EMS agencies to replace damaged capabilities and to relieve crews for rest and to take care of their families and property. This includes:

(1) Assignment to specific rescue tasks that require the mix of equipment and skills the Task Force provides.

(2) Assignment to provide coverage in a specific service area, serving in effect as a mobile emergency medical service station in an area where emergency medical services are not available.

(3) Relieving personnel of an established emergency medical services station to provide shift coverage of an area.

(4) Operating as an outreach first aid station in heavily damaged areas.

d. Providing patient extrication and transport capability in conjunction with deployed National Disaster Medical System (NDMS) Disaster Medical Assistance Teams (DMATs), military field aid stations or surgical hospitals, or other resources that lack a patient transport capability.

e. Operating the casualty collection center at the Central Virginia National Disaster Medical System airhead.

8. EMPLOYMENT: Task Forces respond to a disaster in an orderly sequence of steps. Task Forces will be employed primarily in extended events that can be expected to last 8 or more hours. This will allow for mobilization of the Task Force and travel time, while still arriving in time to make a significant contribution to the rescue and medical effort.

a. **Notification:** On notification of a potential or actual disaster the Emergency Support Center will place at least one Task Force on alert for response. As the situation and potential needs are clarified additional Task Forces may be placed on alert.

b. **Alert:**

(1) **Alerting Roster:** All Task Forces will complete and forward to the Office of Emergency Medical Services an alerting roster at least once a quarter, or when there are changes (Attachment 10). Contact persons listed on the roster should be listed in the order of preference for contact. Task Forces that have a published internal alerting roster may send a copy of that roster to the Office of EMS instead of the form as long as it includes the requested information.

(2) **Alerting And Dispatch:** Alerts and dispatch will be a four step process.

(a) The Emergency Support Center will directly notify the Task

Commander of the emergency situation and place the Task Force on the appropriate alert state using the standard EMS Task Force Alerting Format (Attachment 5).

(b) The Emergency Support Center will notify the Task Force=s dispatch agency of the alert and advise that agency of the State=s intention to possibly deploy the Task Force.

(c) On a decision to deploy the Task Force the Emergency Support Center will contact the Task Force=s dispatch agency and advise that the State intends to dispatch the Task Force unless local needs require the resources be kept in the jurisdiction.

(d) The Emergency Support Center will then contact the Task Force Commander and dispatch the Task Force using the standard EMS Task Force Mission Tasking Format (Attachment 6).

(3) **Alerting Levels:** To provide an orderly process of activation and to allow agencies and personnel the most flexibility, Task Forces will be placed on standard alerting levels. Alerting levels will provide orderly resource management by allowing Task Forces to be activated and deployed when needed. During response it is probable that Task Forces will be at different Alerting Levels based on the seriousness of the situation and the resource rotation plan. While individual emergency situations may require deviation from these levels, they will be used whenever possible.

(a) *Warning: Onset of a disaster is possible and may require response by Task Forces. This alert level will be used when a low level of alert is appropriate to increase awareness of a potential, but not yet defined, threat. Generally, warning will be issued whenever the Department of Emergency Services initiates augmented staffing of the Virginia Emergency Operations Center.*

(b) *12 Hour Alert: A disaster event is occurring and there is a possibility the Task Force may be required for disaster response. If a response is needed, at least 12 hours warning will be available prior to deployment. This Alert level allows Task Forces to determine availability of members and vehicles. Individuals should start personal preparedness actions. It will be used when a slow onset disaster is in its early stages.*

(c) *6 Hour Alert: There is a possibility the Task Force may be required for disaster response. If a response is needed, at least 6 hours warning will be available prior to deployment. At this Alert level Task Forces initiate actions to be ready for deployment including checking vehicle kits and advising personnel to be ready for*

initiation of a callout.

(d) 3 Hour Alert: It is probable the Task Force will be required for disaster response. If a response is ordered, at least 3 hours warning will be available prior to deployment. At this Alert level Task Forces should have personnel on telephone standby and vehicles ready to move to an assembly point.

(e) 1 Hour Alert: The situation indicates a high probability that Task Forces will be deployed to the disaster area. The Task Force will have approximately one hour of warning when a potential mission tasking for the Task Force is received and is being coordinated. The normal progression of alert will be from 3 Hour to Staged At Home. However, the 1 Hour Alert is included to provide additional flexibility in staging, especially if weather or other conditions justify delaying moving to a Staged At Home status.

(f) Staged At Home: Expect a mission tasking to be issued within the next 30 minutes. Task Force vehicles and personnel should be concentrated at a preplanned assembly point. The assembly point should be in contact with the Emergency Support Center by telephone or radio. Vehicles should be fully loaded and fueled. Personnel should be with the vehicle or within 3 minutes of the station and in radio contact with the Task Force Commander. The Task Force should be ready to deploy within 5 minutes. When the Task Force is ready for departure the Task Force Commander will fax a list of personnel on duty to the Emergency Support Center.

(g) Released: *Emergency response has been completed, no further taskings are anticipated, and the Task Force may stand down and release its personnel and equipment for normal operations.*

c. **Mission Tasking**: Assignment of movement to staging or deployment on a mission task will be done using the standard Virginia EMS Task Force Mission Tasking form (Attachment 6). This form will be completed by the staff of the Emergency Support Center or the Virginia Emergency Operations Center and forwarded to the duty Task Force Commander by:

(1) Fax. This is the preferred means of transmission.

(2) *E-mail. This method may be used if the Task Force has e-mail access and transmission is precoordinated.*

(3) Telephone or Radio. When the tasking form is forwarded by voice means it can be transmitted in either of two ways.

(a) By line number - the individual passing the tasking will read the line number and the text that goes in the blank (for example, read Line 8, 22 March 0900).

(b) By topic - if the Task Force Commander does not have access to a Mission Tasking form, tell the Emergency Support Center to pass the information by topic. The caller will then read the key words from the form along with the information in the blank (for example for line 8, read Time On Station, 22 March 0900).

d. **Deployment:** When it appears probable that resources will be needed, Task Forces may be forward deployed to a Staging Area to be held until specific mission assignments are made in the disaster impact area. Staging Areas have been identified across the State to allow resources to be concentrated for use at points outside the impact area of a disaster. Staging Areas may be very close or as much as 60 miles from the area in which resources will be employed. Staging areas will be capable of supporting the Task Force in a staged alert status for 24 to 48 hours. Each Staging Area will be managed by a Staging Area *Manager*, who will be responsible for billeting, messing, fueling, and managing the dispatch of forward staged Task Forces. Task Forces in Staging Areas will have vehicles loaded and fueled. Personnel should be ready to move within 5 minutes day or night.

e. **On Scene Command And Logistics Management:** Whenever possible a Coordination Team (C Team) will be deployed with one or more Task Forces assigned to support a jurisdiction or operation. C Teams will, as specified in the C Team Standard Operating Procedure:

(1) Direct employment of the Task Forces operating in a specific jurisdiction, operating as a Division or Group Supervisor under the Incident Command System.

(2) Coordinate with and support the jurisdiction emergency medical services supervisor.

(3) Coordinate logistics support, including billeting, messing, fuel, and medical resupply, for deployed Task Forces.

(4) Plan for Task Force operations in the next operational period.

f. **Length Of Deployment:** Task Forces will be deployed for 72 hours. If Task Force personnel and vehicles can remain at the disaster area longer than 72 hours,

and if the situation requires it, Task Forces may be extended on deployment.

g. ***Out-of-State Deployment:*** *Under the Emergency Management Assistance Compact (EMAC) assistance by Virginia resources may be requested by other states. Task forces will provide the EMS response to EMAC requests. Because EMAC deployments are standardized as two week deployments, it may not be practical to deploy any given Task Force as a unit. Under these conditions one or more composite Task Forces may be assembled from Task Force trained volunteers, under the command of a qualified Task Force Commander and Unit Leaders.*

h. **Home Station Point Of Contact:** If possible as part of the alerting process, Task Forces should designate an individual as a home station duty officer to serve as a point of contact for Task Force matters once the Task Force has deployed. This individual should be trained as a Task Force Commander. The primary function of the duty officer will be to coordinate information flow to agencies and families of the deployed personnel, both from the Emergency Support Center and from deployed members.

i. **Safety and Accountability:**

(1) **Task Force Commander Responsibilities:** Task Force Commanders are command officers with:

(a) Authority to accept or reject specific taskings based on personnel training and experience, crew physical condition, equipment and vehicle capabilities, and assessment of risks and safety factors.

(b) Responsibility for accountability for and safety of assigned personnel. This includes accountability checks of personnel:

i. when vehicles are loaded and ready for movement.

ii. at the start of a specific task.

iii. at regular intervals during task performance. The specific interval will depend on the situation, but must be short enough to allow quick reaction if an individual is not accounted for.

iv. on conclusion of a specific task.

(2) **Employment As A Unit:** While Task Forces are intended to

supplement local emergency medical services, they will maintain unit integrity and operate as a unit under the Task Force Commander. Task Forces will not be split up with their vehicles and crews dispersed and personnel assigned to work for other agencies. The Task Force Commander retains command authority over assigned Task Force members and is responsible for their safety and welfare. To adequately manage resources and taskings Task Force Commanders should apply the following guidelines for dispatching on calls for service:

(a) Very Hazardous Conditions or Difficult Taskings Requiring All Available Personnel: Dispatch the entire Task Force and proceed to the assignment in convoy.

(b) Hazardous Conditions or Taskings Requiring More Than One Vehicle Crew To Complete: Dispatch Units as pairs, one ambulance with one support vehicle.

(c) Routine Conditions: Dispatch Units individually with either constant communications or a forecast return time. If the vehicle does not return or make contact within its return time, initiate a search for the Unit.

(3) **Personnel and Vehicle Accountability Reporting**: A personnel accountability report (PAR) will be a standard component of all contacts with the Emergency Support Center. The PAR will include Task Force name, number of personnel, and number of vehicles accounted for (for example, PAR Lord Fairfax 1, 12 personnel, 4 vehicles). The PAR is included in the standard Report Format. Unless otherwise indicated, the assumption that reports of vehicle numbers for PAR and Reports will be as follows:

(a) *3 vehicles - Basic Life Support Ambulance, Advanced Life Support Ambulance, Crash Truck.*

(b) *4 vehicles - Basic Life Support Ambulance, Advanced Life Support Ambulance, Crash Truck, Quick Response Vehicle.*

(c) *5 vehicles - Basic Life Support Ambulance, Advanced Life Support Ambulance, Crash Truck, Quick Response Vehicle, Disaster Truck or Trailer.*

h. **Rotation**: Additional Task Forces will be rotated in as needed to relieve the initial units dispatched. Task Forces identified for rotation will be given an arrival time for relief in the disaster area. The departing Task Force will brief the relieving Task Force on the situation, hazards, operations conducted, problems encountered, and local command relationships.

i. **Demobilization:** Demobilization of Task Forces will be coordinated between the Emergency Support Center, the Staging Area Manager (if the Task Force is still staged), *the Coordination Team*, the local jurisdiction, and the Task Force Commander. On return to their home jurisdiction, the Task Force Commander will confirm safe arrival with the Emergency Support Center.

j. **Time:** Local time will be the standard time used for operations, expressed in 24 hour clock time (for example, 6:00 am is 0600, 6:00 pm is 1800). Universal Coordinated Time will be used for messages transmitted by amateur radio.

k. **Standard Map:** The standard map will be the current edition of the ADC Virginia Map Book. References to locations may be by page and grid as used in that map.

9. **REPORTING:** Standard reports will be used to pass information from the Task Forces to the Emergency Support Center using the Report Format (Attachment 7). Reports should be forwarded by any available means and may be modified if needed to use the message form for Amateur Radio transmission.

a. **Alerting Report** - when initial alerting of Task Force resources has been completed and the Task Force has achieved the alert status.

b. **Staged Report** - when the Task Force has arrived either at home staging location or at a forward staging site and is ready for mission tasking. Attach to the report that the Task Force is staged at home a list of names of personnel on duty.

c. **Departure Report** - when the Task Force is actually departing on a mission tasking or is departing from the scene for return to home station.

d. **In Route Report** - during extended movements on a regular schedule established by the Emergency Support Center (normally every hour).

e. **On Scene Report** - when the Task Force has arrived at the site of their assigned emergency mission.

f. **Daily Report** - an end of shift daily operations report for each day of mission task operations. Include with the daily report the following as *activity report*:

(1) Number of calls dispatched on.

(2) Any significant events, including accidents, injuries, or damage to

equipment or personnel.

(3) Number of persons assisted.

g. **Closing Report** - on return of the Task Force to home station.

10. PATIENT REPORTING: Patient reporting in catastrophic casualty incidents and NDMS patient movement will be standardized using the TRANSAID format (attachment 13).

11. MEDICAL DIRECTION AND RECORD KEEPING:

a. Task Forces members operate under the same written regional and local medical treatment protocols and standing orders as are authorized for each provider by their agency operational medical directors for off-line medical control in their home operating area. Where conditions permit, Task Forces will establish radio contact with the command hospital in their assigned operational area and request on-line medical direction as appropriate. The mobilization of a Task Force in response to a local jurisdiction request for assistance establishes compliance with the requirements for the General Exemptions of the Regulations in the case of a major medical emergency.

b. Prehospital Patient Care Reports (PPCR) for patients treated and/or transported by Task Forces will be retained by the Attendant-In-Charge (AIC) for each patient and record copies returned to the agency with which the AIC is affiliated. Prior to returning home from a deployment, the Task Force Commander will make arrangements with supported agencies to provide a copy of the PPCR for each patient for retention by the supported agency.

12. TRAINING:

a. **Task Force Personnel:** All Task Force members should be appropriately trained and certified for their duties. All Task Forces members must complete the Task Force Member Course (4 hours) within six months of their acceptance for membership on a Task Force. In addition, completion of the following courses and training topics is desirable:

(1) Task Force Airhead Course (6 hours).

(2) Hazardous Materials Awareness Level and Workshop in Emergency Management on Hazardous Materials for EMS.

- (3) Light duty rescue course.
- (4) Emergency vehicle operator course.
- (5) Mass Casualty Incident Management Module I and II.
- (6) Disaster characteristics, including types, disaster phases, and expected disaster effects.
- (7) Survival skills for operations in a disaster area, including shelter improvisation, field sanitation, and food preparation.
- (8) Incident command or management system course.

b. **Task Force Commanders:** Persons serving as Task Force Commanders will complete the Task Force Member Course and the 8 hour Task Force Commander Course. In addition completion of the following courses is desirable:

- (1) Tactical Commander Course (6 hours).
- (2) Response Operations Staff College (16 hours).

13. USE OF TASK FORCES IN EXERCISES: Task Forces are encouraged to participate in local disaster drills as a Task Force. Participation options include:

- a. As a complete Task Force with full complement of vehicles and personnel.
- b. As a simulated Task Force, with one person playing the Task Force role for communications and resource exercises.
- c. As individuals in the roles of observers or evaluators to gain insight into how other agencies conduct operations and to develop lessons learned that may impact Task Force operations and training.

14. COMMUNICATIONS:

- a. **EMS Radios:** All Task Force vehicles should be equipped with a VHF-FM radio with frequency 155.205 MHZ installed, in addition to their normal frequency capabilities.
- b. **Amateur Radio Communications:** Where possible Task Forces are

encouraged to have a licensed Amateur Radio operator who is a member of the Amateur Radio Emergency Service as a Task Force member. It is desirable that the Task Force have as a minimum the ability to operate on 2 meter Amateur voice frequencies.

c. **Standard Message Forms:** The American Radio Relay League radio message form, in the format published for use by the Emergency Support Center, will be used as the standard message form for all record communications (Attachment 8).

15. EQUIPMENT AND SUPPLIES: Task Forces may have to operate with minimum support for most of their time within the disaster area. Recommendations for individual personal equipment are attached (Attachment 3). The following additional supplies and equipment should be considered as additions to the normal stock carried on board the Task Force=s vehicles.

a. Spare flashlight and hand held radio batteries sufficient for at least 48 hours (preferably 72 hours).

b. Soft goods for two additional patients (preferably four additional patients) per vehicle.

c. Additional stocks of minor injury treatment materials to treat up to 20 people with minor cuts, abrasions, burns, and other minor injuries.

d. Packaged, dehydrated foods for Task Force members for 72 hours.

e. Eating and cooking utensils, including camping pots and stoves.

f. Drinking water in canteens and jugs sufficient for 24 hours for each Task Force member. Include a capability to purify water (filter, tablet, or boiling).

g. Personal flotation devices for at least four persons.

16. COSTS: The Virginia State Government Volunteers Act authorizes the Office of Emergency Medical Services to provide billeting and messing for Regular Service Volunteers. To the greatest extent possible this will be done by direct billing from vendors. In addition, where possible, the Emergency Support Center will arrange either access to state fuel points or direct billing for fueling and maintenance of vehicles. Actual costs incurred beyond these may be reimbursed from the sum sufficient or from Stafford Act funding for Task Forces assigned on mission tasks through the Emergency Support Center. Requests for reimbursement should be coordinated with the Disaster Coordinator of the Virginia Office of Emergency Medical Services. Do not expect

reimbursement, when available, to be rapid.

17. LIABILITY AND INSURANCE:

a. **Individual Liability:** When dispatched at the direction of the Emergency Support Center, enrolled Task Force members will be covered by the liability provisions of the Virginia Emergency Services and Disaster law of 1973 as amended and the Virginia State Government Volunteers Act.

b. **Vehicle Insurance:** Vehicles used by Task Forces must be fully covered for emergency operations by either a self-insuring jurisdiction or agency or an insurance provider licensed to do business in the Commonwealth. Primary responsibility for vehicle claims shall rest with the participating agency=s insurance. In the case of claims which are not fully covered by existing insurance, the supplemental provisions of the Commonwealth=s self-insurance may apply when vehicles are being operated on a mission dispatched by the Emergency Support Center.

c. **Workers Compensation:** Worker=s Compensation coverage may be available for dispatches of *volunteer* Task Forces under actual disaster conditions *when these dispatches are directed by the Department of Emergency Services.*

18. UNIFORMS, CAREER DEVELOPMENT, AND RECOGNITION:

a. **Grade Structure Requirements And Insignia:** The Office of EMS has implemented a standard grade structure for all state EMS disaster response personnel to provide a career progression structure and to identify clearly the level of responsibility of personnel. The attached grade table (Attachment 11) shows the grade structure, requirements for each grade, and authorized insignia for each level. These grades do not influence the benefits or reimbursement of any volunteer or guarantee the future employment of any volunteer at a particular pay grade or step in state service. *Use of this volunteer career progression system is optional for each Task Force. For those Task Forces that opt to use the system, the Office of EMS will maintain individual records and coordinate personnel actions with Task Force Commanders.*

b. **Uniform:** Task Forces may adopt appropriate uniforms for wear by all personnel. The attached uniform table (Attachment 12) provides a standard uniform pattern consistent with those worn by Coordination Team and Health and Medical Emergency Response Team Members that may be used by *those* Task Forces *that do not adopt a distinctive uniform. Distinctive uniforms that identify Task Forces and contribute to pride in the organization are encouraged as long as they comply with accepted standards of professional dress in the emergency services.*

c. **EMS Task Force Emblem:** Task Forces and their personnel may display a standard Virginia EMS Task Force emblem on assigned vehicles, equipment, and the uniforms of operational member personnel.

d. **Awards:** Task Force personnel are eligible to be awarded Virginia Health and Medical Emergency Response Team awards for disaster service and meritorious service. These awards include a metal citation bar for uniform wear. Eligibility criteria and procedures for recommendation and processing of these awards are specified in HMERT Standard Operating Procedures (Attachment 9). *Task Force Commanders are encouraged to promptly nominate deserving individuals for awards.*

ATTACHMENTS:

Attachment 1:	Crash Or Rescue Truck Equipment
Attachment 2:	Disaster Truck Or Trailer Requirements
Attachment 3:	Recommended Personal Equipment
Attachment 4:	Task Force Member Volunteer Application
Attachment 5:	EMS Task Force Alerting Format
Attachment 6:	Mission Tasking Form
Attachment 7:	Standard Report Format
Attachment 8:	Standard Message Form
Attachment 9:	Awards
Attachment 10:	Alerting Roster
Attachment 11:	Grade Table
Attachment 12:	Uniform Table
Attachment 13:	TRANSAID Format
Attachment 14:	Emergency Briefing Form
Attachment 15:	Telephone Numbers and Internet Contacts

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Attachment 1

EMERGENCY MEDICAL SERVICES TASK FORCE CRASH OR RESCUE TRUCK EQUIPMENT

The Commonwealth of Virginia has not established minimum requirements for equipment carried on crash or rescue trucks. Equipment on this list is a recommended minimum supply for a rescue or crash truck of any category that will be used as part of an EMS Disaster Task Force. If other additional equipment is carried or installed as normal equipment, bring that equipment with you. Personal safety equipment indicated is based on the premise that each crew member will bring their own set of equipment, regardless of what vehicle they respond with.

LIGHTING:

Flood Lights - vehicle mounted, front, side, rear	4
Spot Lights - hand held or permanently mounted on the vehicle	1
Portable Floodlights - 110 volt, 500 watt	4
Traffic Control Flashlights - with colored wands	2
Flashlights	2
Safety flares	12
Chemical light sticks	12

RESCUE

Aircraft snips	1
Cold chisel set	1
Claw hammer	2
Machinist hammer	1
Short handled sledge hammer	1
Sledge hammer (minimum 6 pound)	1
Nonsparking hammer	1
Linoleum knife	1

Channel locking pliers	1
Diagonal cutting pliers	1
Needle nosed pliers	1
Slip joint pliers	1
Vise grip pliers	1
Insulated wire cutters	1
Lumber crayons	set
Philips head screw drivers - assorted sizes	3
Straight blade screw drivers - assorted sizes	3
6 Foot rule	1
50 Foot measuring tape	1
Picks	2
Shovels	2
Lightweight snow shovels	2
Regular frame hacksaw	1
Hacksaw blades	12
Carpenter=s handsaw	1
Small tree saw	1
Chain saw	2
Reciprocating type power hacksaw with assorted blades	1
Air or electric cutting gun kit	1
Adjustable wrench - assorted sizes	3
Pipe wrench 14 inch	1
Socket wrenches - assorted sizes	1 set
Crash axe	1
Flat head, pick head, or rescue axe	1
Bolt cutter 36 inch	1
Pry bar 48 to 60 inch	1
Hurst rescue tool or equivalent	1
4 Ton Port-A-Power or equivalent	1
5 Ton jacks or air bags	2
Utility shut off tool	1
100 Feet weighted synthetic rope	coil
Cable or chain come-along 2 ton	1
15 Foot chain with hooks 2 ton rated	2
200 Foot equivalent 2≅ Manila rope	coil
200 Foot equivalent 3/4" Manila rope	coil
100 Foot sash cord	coil
Snatch blocks	2
Two sheave rope blocks	2
Mousing or whipping twine	roll

12 Foot ladder	1
----------------	---

MATERIALS

Wood and/or rubber cone-shaped plugs	set
2x4x18 Inch cribbing	10
4x4x18 Inch cribbing	10
Wooden wedges	10

WATER RESCUE

Personal flotation devices	2
100 Feet polypropylene rope	coil
Rescue throw bag	2

DIFFICULT TERRAIN EXTRACTION

Stokes basket stretcher	1
Basket stretcher vertical lifting harness	1
12 Foot 1 inch climbing tube webbing	12
Locking D ring carabiners	12
Figure 8 descenders with ears	1
Rescue pulleys	4
150 Foot 11mm kernmantle rope	coil

POWER PRODUCTION

Electric generator minimum 4 kilowatt	1
300 Foot power cord	1
Power distribution box	1
Adapters - assorted	set
Gasoline storage can	2

SAFETY

20 Pound dry chemical fire extinguisher, type B/C	1
Self contained breathing apparatus	2
Spare compressed air cylinders	2
Fire blanket	1

VEHICLE

Snow chains	set
Spare fuses for the electrical system	mixed
Wheel chocks	2
Jumper cables - heavy duty	set

EMERGENCY MEDICAL SERVICES TASK FORCE DISASTER TRUCK OR TRAILER REQUIREMENTS

The Commonwealth of Virginia has not established minimum requirements for the type of vehicle used as a disaster truck or trailer or for the contents of such vehicles. The following criteria are intended as general guidelines for minimum capability.

VEHICLE

Trucks and trailers should be designed to provide ready access to stored supplies at a height that allows easy removal and minimizes overhead lifting. It is desirable that supplies be available through outside access, rather than having to enter and work from within the storage area.

Towing equipment should be of the greatest capacity that can be safely installed on the towing vehicle. Hitches, power connections, and chains should be of the highest available quality.

Trailers should be designed to allow operations in areas with debris. If possible, trailers should not rely on two tires on a single axle; two axle configurations are preferred, even when not required by the loading, to reduce the impact of flat tires. Every trailer should carry at least one spare tire (preferably two) and an appropriate jack system to allow changing of a tire when loaded.

Trailers, when loaded, should be of a weight significantly less than the maximum suggested for the towing vehicle or hitch. While vehicles can tow trailers approaching the maximum vehicle towing capacity on flat ground, uphill performance will suffer significantly. Trailer manufacturer recommendations should be followed on the installation of braking systems.

Vehicles that will be used to tow trailers should be tested with the trailer attached for rearward visibility. Extension mirrors should be installed if trailer width limits visibility.

EQUIPMENT

Supplies stored on trailers and trucks should be chosen to minimize requirements for environmental controls or rotation to meet expiration dates. If the agency parks the disaster vehicle in a normal bay and has stock rotation policies, time and environmentally sensitive supplies may be carried.

Immediate patient care supplies for 40 patients, each suffering from a single major trauma. This should include:

- Backboards - these may be disaster boards or regular backboards
- Dressings - including a variety of sizes of regular, occlusive, burn, and pressure dressings
- Cravats
- Splinting materials - these may be cardboard or other low cost splints
- Airway kits
- IV sets
- Surgical tape
- Cervical collars
- Medical waste bags
- Boxes of gloves
- Disposable treatment gowns

We recommend that patient care supplies be prepacked as packs or kits to allow easy handling. If space permits, inclusion of a lightweight hand truck to help move backboards and kits is recommended.

Environmental illness treatment supplies, including:

- Blankets
- Drinking water
- Large trash bags

Mass casualty management equipment, including:

- Position vests for staff of the Medical Group
- Markers for treatment areas (flags): RED, YELLOW, GREEN, BLACK
- 12 Clipboards
- Box black grease pencils
- Box ball point pens
- Virginia Mass Casualty Tactical Worksheets for each position
- Virginia Mass Casualty Incident Response Guide checklist for each position
- 100 Triage tags

Attachment 3

RECOMMENDED PERSONAL EQUIPMENT FOR EMERGENCY MEDICAL SERVICES TASK FORCE MEMBERS

The Commonwealth of Virginia has not established minimum equipment lists for personnel responding to disasters. However, experience of other agencies and teams indicate the following as being reasonable minimum personal equipment for Task force members who will be deployed into a disaster area. We recommend standardization of supplies and standard packing plans within Task Forces. This list is based on 72 hours of operations and assumes that members will report for duty in uniform.

- set personal identification cards:
 - drivers license
 - EMS certification card
 - health insurance card
 - Task Force accountability card
- 2 pairs cotton uniform pants
- 2 cotton uniform shirts
- 2 pairs underwear
- 3 pairs socks, preferably heavy, padded foot, boot socks
- 3 handkerchiefs
- 3 pairs leather work gloves
- 1 helmet or hard hat meeting all standards for protection from falling
objects and from electrical sources
- 1 set turnout coat and pants
- 1 pair boots
- 1 pair pair work shoes or boots with protective toes
- 1 safety goggles
- 1 pair sunglasses
- 1 pair spare prescription glasses, if worn
- 1 set rain gear - rain pants and coat
- 1 utility or heavy duty pocket knife
- 1 canteen, 1 quart minimum
- 1 sleeping bag with ensolite or better pad
- 1 set personal eating utensils
- 1 large Sierra cup or equivalent that can be used for cooking and
drinking
- 1 pack waterproof matches
- 1 insect repellent, preferably including tick repellent
- 1 high PF sunscreen

- 1 pack moleskin
- 1 selection of bandaids
- 1 chapstick
- 1 first aid cream, preferably including sunburn treatment
- 1 roll toilet paper in waterproof bag or container
- 1 set personal hygiene supplies as indicated, including (consider using waterless and biodegradable products designed for camping use):
 - soap
 - tooth brush
 - tooth paste
 - shampoo
 - shaving cream
 - razor
- 1 washcloth
- 1 towel
- 1 set any prescription medicines in a waterproof bag or container

Attachment 4

**VIRGINIA EMS TASK FORCE
VOLUNTEER APPLICATION**

**Virginia EMS Task Force
VOLUNTEER APPLICATION**

Task Force: _____

Name: _____

Mailing Address: _____

Telephone: Home _____ Work _____

Current EMS Agency: _____

Current EMS Certification Level: _____

Other applicable certifications:

Certification:	Date:	Agency:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experience in disaster response:

Disaster Type and Location:	Date:
_____	_____
_____	_____
_____	_____
_____	_____

I apply for membership in a Virginia EMS Disaster Task Force and offer my services as a volunteer to the Virginia Office of Emergency Medical Services under the provisions of the Virginia State Government Volunteer Act. I certify that the statements of my experience and training above are accurate, and I understand that misrepresentation of my experience, training, and certification will be a bar to membership or a cause for termination of membership as applicable. I certify I am currently authorized to provide emergency care at the level of certification indicated above and I am in compliance with the regulations of the Virginia Department of Health and other agencies as they apply to a person of my certification level. I understand I will serve as a volunteer when my Task Force is activated and that reimbursement for expenses and liability coverage will be as described in the Virginia State Government Volunteer Act and the Disaster Laws of Virginia. I agree to complete such training as may be required and to properly equip myself for emergency duties. I agree to comply with Standard Operating Procedures for EMS Task Forces as issued by the Office of Emergency Medical

Services and to obey the instructions and orders of my Task Force officers.

signed: _____ date: _____

AGENCY ENDORSEMENT:

I approve of this individual volunteering to serve as a member of an EMS Disaster Task Force. He or she is a currently certified provider and member in good standing of our agency as represented above.

signed: _____ date: _____

agency: _____ title: _____

TASK FORCE ENDORSEMENT:

This individual is accepted for membership in the Task Force. He or she is known to me, and I have verified that their certification and compliance with regulations is as indicated on the application.

signed: _____ date: _____

Commander, Task Force: _____

OFFICE OF EMS ENDORSEMENT: ____ Approved ____ Disapproved

signed: _____ date: _____

Attachment 5

EMS TASK FORCE ALERTING FORMAT

VIRGINIA HEALTH AND MEDICAL ALERTING FORMAT

_____ This is actual

_____ This is an exercise

THIS IS THE EMERGENCY SUPPORT CENTER

PUT YOUR _____ TASK FORCE ON

_____ WARNING

_____ C TEAM

_____ 12 HOUR ALERT

_____ STRIKE TEAM

_____ 6 HOUR ALERT

_____ 3 HOUR ALERT

_____ **1 HOUR ALERT**
_____ **STAGE AT HOME**
_____ **RELEASED**

EFFECTIVE: _____ (24 hour local time)

FOR: _____ (name or type of
emergency event)

SPECIAL INSTRUCTIONS: _____

MISSION TASKING FORM

VIRGINIA HEALTH AND MEDICAL MISSION TASKING

_____ **This is actual.** _____ **This is an exercise.**
ACKNOWLEDGE RECEIPT - PHONE 804-371-3500 ext 3537/3538

1. **MISSION NUMBER:** _____ As assigned by Department of
Emergency Services or ESC.
2. **DATE:** _____ Tasking issued.
3. **TIME:** _____ Tasking issued in 24 hour clock.
4. **DUTY TYPE:** _____ Type of duty to be performed - to
AUGMENT existing resources,

SUPPORT NDMS, provide
OUTREACH, REPLACE agency
out of service, STAGING, etc.

5. **LOCATION:** _____ County, city, or area of operations.
6. **PACKAGE:** _____ STANDARD, PERSONNEL, or AUGMENTATION. If augmentation, indicate specific need in Line 24.
7. **EXPECTED LENGTH:** _____ Expected length of deployment.
8. **TIME ON STATION:** _____ Date and time unit is needed in the operational area.
9. **STAGING:** _____ If unit is being sent to a staging area, give the location.
10. **ROUTE:** _____ Any special routing instructions for traffic or disaster effects.
11. **DESTINATION:** _____ Facility and street address.
12. **EQUIPMENT:** _____ Any special equipment needed.
13. **HAZARDS:** _____ Any expected hazards.
14. **SELF SUFFICIENT FOR:** _____ Expected length.
15. **FUEL AT:** _____ If there are any known problems with fuel availability, indicate the last place fuel is known to be.
16. **SPECIAL SUPPORT:** _____ Any special support needs or instructions based on the disaster.
17. **AGENCY:** _____ The agency the unit will support.
18. **CONTACT:** _____ Name of the agency=s point of contact.

19. **LOCATION:** _____ Where the point of contact is if different from where the unit is being sent.
20. **PHONE:** _____ Phone number of the agency.
21. **FREQUENCY:** _____ Radio frequency of the agency.
22. **CALL SIGN:** _____ Tactical call sign of the agency.
23. **OTHER:** _____ Any other Information needed.
- _____
24. **AUTHORITY:** _____ Individual at ESC who issues the mission tasking.

REPORT FORMAT

VIRGINIA EMS TASK FORCE REPORT FORMAT

Phone to 804-371-3500 ext 3537/3538 - FAX to 804-371-3543

- UNIT:** _____ Task Force, Strike Team, C Team name and number.
- TIME:** _____ Time of the report in 24 hour clock local time.
- TYPE REPORT:** ___ ALERTING
 ___ STAGED
 ___ DEPARTURE
 ___ IN ROUTE
 ___ ON SCENE
 ___ DAILY

____ CLOSING

Use lines 4 and 5 on all Reports.

4. **PERSONNEL:** _____ Number accounted for.

5. **VEHICLES:** _____ Number accounted for.

Use line 6 on the initial report and whenever command changes.

6. **IN COMMAND:** _____ Name of unit commander.

Use lines 7, 8, and 9 for Staged, In Route, On Scene, and Daily Reports.

7. **LOCATION:** _____ Physical location where
equipment and people are located
at the time of the report.

8. **CONTACT:** _____ Give phone and fax numbers or
radio frequency by which unit can
be contacted.

9. **SITUATION:** _____ Information on observed
conditions or hazards or current
assignment.

Use line 10 for On Scene and Daily Reports.

10. **LOGISTICS:** _____ Any support requirements.

Use lines 11 and 12 as needed for any Report.

11. **ACTIVITY:** _____ Provide summary of number of
calls run, patients assisted, other
missions undertaken.

12. **COMMENTS:** _____ Provide any additional
information, including limitations

_____ to equipment or personnel. For
Closing Report give a quick
_____ summary of any lessons learned.

revision Sep 99

Attachment 8

STANDARD MESSAGE FORM

X	Processed:	Time:	Station:
	Outgoing		To:
	Incoming		From:

No.	Precedence	HX	Stn of Origin	Check	Place of Origin	Time Filed	Date Filed

Address:
Zip:
Telephone:

Signature:	Position:
-------------------	------------------

HMERT/EMSTF/ARRL Radio Message *revised Sep 99*

Attachment 9

AWARDS

1. Disaster Awards And Award Criteria:

Criteria	Disaster Meritorious Service	Commendation	Disaster Service
Planning, training, and other disaster preparedness activities	clearly superior for sustained activity over at least one year	exemplary service over at least one year	
Completion of a particularly noteworthy project		eligible projects improve the system=s capability	
Management of response activities	outstanding actions critical to success of EMS in an event	leading to success	
Specific acts	heroic acts at considerable personal risk	showing considerable skill, bravery, perseverance	
Service in a state of emergency.			must be at staged at home or deployed

Number of awards	no more than 2 annually except for heroism	no more than 10 annually except for acts in a disaster impact area	no limit
------------------	--	--	----------

3. Other Awards: The Office of Emergency Medical Services awards an Emergency Response Unit Citation for service as a unit that is equivalent to that of individuals earning the Commendation or Disaster Meritorious Service Award. The Office also awards a Major Exercise Participation Bar for service in state level exercises.

4. Form Of Award: A certificate and a citation bar for wear on the uniform.

5. Award Recommendation: Contact the Director of Emergency Operations, Office of EMS, for recommendation forms and procedures for the Disaster Meritorious Service and Commendation Awards. Disaster Service Awards are made based on lists of personnel submitted as Staged at Home or deployed.

Attachment 10

TASK FORCE ALERTING ROSTER

ALERTING ROSTER TASK FORCE _____

Date Completed: _____

Central Dispatch: _____ Number: _____

Number: _____

Fax Number For SITREPs: _____

E-Mail For Messages: _____

1 Name: _____

Phones: Work: _____ Home: _____

Cellular: _____ Pager: _____

Agency Building: _____

2 Name: _____

Phones: Work: _____ Home: _____

Cellular: _____ Pager: _____

Agency Building: _____

3 Name: _____

Phones: Work: _____ Home: _____

Cellular: _____ Pager: _____

Agency Building: _____

4 Name: _____

Phones: Work: _____ Home: _____

Cellular: _____ Pager: _____

Agency Building: _____

Attachment 11

Grade And Insignia Table For EMS Disaster Response Personnel

Grade and Insignia	Disaster Task Force Personnel	Coordination Team Personnel	HMERT and Emergency Support Center Personnel
Grade 1			UNCLASSIFIED
Grade 2	TASK FORCE MEMBER completed Task Force Member Course		STAFF MEMBER completed Grade 2 training
Grade 3 2 gold chevrons			CORPORAL Grade 3 training with less than 2 years service in grade
Grade 4 3 gold chevrons	SERGEANT assigned as a Unit Leader but not yet completed Task Force Commander Course	SERGEANT completed Grade 4 training	SERGEANT completed 2 years of service and Grade 3 training
Grade 5 1 gold bar	LIEUTENANT completed Task Force Member and Task Force Commander Courses	LIEUTENANT completed Grade 5 training	LIEUTENANT completed Grade 5 training with less than 2 years service in grade
Grade 6 2 gold bars	CAPTAIN completed Task Force Commander, Tactical Commander, and Airhead Courses	CAPTAIN completed Grade 6 training	CAPTAIN completed 2 years of service and Grade 5 training
Grade 7	MAJOR with more than 3	MAJOR completed Grade	MAJOR completed Grade 7

gold oak leaf	years experience, service on an actual deployment, completion of Response Staff College, and service as an instructor	7 training	training with less than 2 years service in grade
Grade 8 gold eagle			OPERATIONS DIRECTOR completed 2 years of service, completion of Response Staff College, and service as an instructor

Attachment 12

Standard Field Uniform For Task Force And C Team Members

Item	Description	Insignia
Baseball Cap	Dark blue (navy or midnight) cloth cap with a dark blue plain bill.	Initials and number of unit applied to front on yellow letters. Insignia of position may be worn pinned centered on the cap front.
BDU Shirt	Dark blue (navy or midnight). Shirt is worn outside the trousers.	Standard unit patch sewn on each shoulder 2 inch from the seam and centered on the arm. Task Forces may adopt a distinctive rocker to be worn above the patch. Certified EMS providers may wear a Virginia EMT patch with rockers on right shoulder in place of the Task Force patch. Full size position insignia worn on each collar, 1 inch from the front edge, centered, with the vertical mid line of the insignia parallel to the front edge of the collar. Insignia may be metal or embroidered. Embroidered

		<p>will be on a color that matches that of the shirt. If metal, bars will be knurl patterned.</p> <p>Black name tape with name in yellow worn centered above a black tape with the words EMS TASK FORCE and the number of the Task Force or C TEAM in yellow sewn centered over the left pocket.</p> <p>One citation bar may be worn centered above the right pocket when not in the field.</p>
Undershirt	Crew neck colored or white. Task Force may adopt a distinctive color for their T shirts.	Task Forces may adopt distinctive insignia and lettering for the front and back of the shirt. Lettering should not show when the BDU shirt is worn.
BDU Trousers	<p>Dark blue (navy or midnight) to match the shirt.</p> <p>Trousers should be worn with a solid black leather belt with a simple pattern buckle or a black web pattern belt.</p> <p>Trousers are worn bloused into the boots.</p>	
Socks	Black. Recommended that these be military pattern boot socks.	
Boots	Black, clean and polished. May be lace up, zipper, or strap closure.	

TRANSAID VOICE MESSAGE FORMAT GUIDE

TRANSAID: TRANSAID is a movement tracking software developed at the Castle Point Veterans Affairs Medical Center for the National Disaster Medical System. In Virginia TRANSAID has been selected as standard software for tracking of patients in catastrophic casualty events which require activation of the Emergency Support Center. It is also the standard patient tracking system for use by Virginia EMS Disaster Task Forces. TRANSAID is available for use by Regional Command Hospitals, Trauma Centers, acute care hospitals, and the emergency medical services.

Report Contents: TRANSAID can be used to initially report patients, direct the movement of patients in a coordinated patient allocation situation, and report patient final locations.

Report Transmission: The preferred method of reporting data in the Virginia application of TRANSAID is by electronic data transmission, either computer to computer or by fax. However, in many cases conditions will make this impractical. Therefore, voice reporting formats have been established to allow rapid reporting of data by telephone or by radio message form.

TRANSAID VOICE FORMAT

_____ **This is actual.**

_____ **This is an exercise.**

1. **FROM** _____ Name of facility or location of site reporting patient.
2. **LAST NAME** _____ Last name of patient.
Enter UNKNOWN if not known.
3. **FIRST NAME - MI** _____ First name and middle initial of the patient. Enter UNKNOWN if not known.
4. **SEX** _____ MALE or FEMALE.
5. **AGE** _____ Actual or estimated age.
6. **LAST FOUR** _____ Last four digits of SSAN or other identification card number.
7. **TAG NUMBER** _____ Enter last three digits of the triage tag or a patient record number.
8. **GPMRC** _____ MC - pediatrics
MM - medical

MP - psychiatric
 SBN - burns
 SCI - spinal cord injury
 SG - obstetrics/gynecology
 SO - orthopaedic surgery
 SS - surgery
 SSCT - thoracic surgery
 SSM - maxofacial surgery
 SSN - neurosurgery
 SSO - ophthalmology
 SSU - urology

9. **PRIORITY** _____ Enter RED, YELLOW, GREEN, or BLACK based on triage category.
10. **TIME MOVED** _____ Time patient movement is started in 24 hour clock time.
11. **WAY MOVED** _____ AIR or GROUND.
12. **DESTINATION** _____ Facility to which patient is being moved.
13. **ARRIVAL** _____ YES and 24 hour time if reporting arrival at the destination.

Attachment 14

EMERGENCY BRIEFING FORM

Virginia ESF-8 Emergency Briefing

FOR: _____

0	Message Type	A - Actual E - Exercise T - Training	
1	Effective Time	24 hour time	
2	State Of Emergency	A - none B - local jurisdictions - number C - governor expected - time D - governor E - president	
3	Type Of Event	A - aircraft B - severe winter storm BT - biological terrorism CT - conventional terrorism D - disease outbreak E - earthquake F - flooding H - hurricane I - industrial accident L - land transportation M - maritime accident N - radiological accident NP - nuclear power plant NT - nuclear terrorism	

		ST - critical incident stress T - tornado UP - utility outage electric UW - utility outage water W - attack by foreign power XE - explosion Z - hazmat ZT - chemical terrorism	
4	Affected Area		
5	Plan Activated	B - Basic C - Catastrophic Casualty H - Hurricane (volume 5) R - Radiological (volume 3) T - Terrorism V - Health Department EOP Y - Y2K Z - Hazmat (volume 4)	
6	Operations Period	A - Routine B - Increased Readiness C - IR Communications Watch D - IR Initial Alert E - IR Advanced Alert F - Mobilization G - Emergency H - Emergency Relief I - Recovery J - Unusual Event K - Alert L - Site Area Emergency M - General Emergency	
7	EOC	A - normal operations B - internal augmentation C - external augmentation D - full staffing	
8	ESC	A - staff - time B - staff and HMERT - period C - alternate deployed	
		RED GREEN	

9	Systems: ESC	YELLOW	BLACK	
10	Systems: Communications	RED YELLOW	GREEN BLACK	
11	Systems: Logistics	RED YELLOW	GREEN BLACK	
12	Resources: Task Forces	RED YELLOW	GREEN BLACK	
13	Resources: C Teams	RED YELLOW	GREEN BLACK	
14	Resources: Public Health Strike Teams	RED YELLOW	GREEN BLACK	
15	Resources: CISM Teams	RED YELLOW	GREEN BLACK	
16	Resources: USSC Internet Site	RED YELLOW	GREEN BLACK	
17	Task Forces Number And Alert Status	W - warning A - 12 hour B - 6 hour C - 3 hour D - 1 hour E - staged at home F - deployed		
18	Special Assignment Units Number And Alert Status	W - warning A - 12 hour B - 6 hour C - 3 hour D - 1 hour E - staged at home F - deployed		
19	C Teams Number And Alert Status	W - warning A - 12 hour B - 6 hour C - 3 hour D - 1 hour E - staged at home F - deployed		

20	Public Health Strike Teams Number And Alert Status	W - warning A - 12 hour B - 6 hour C - 3 hour D - 1 hour E - staged at home F - deployed	
21	Critical Incident Stress Management Teams Number and Alert Status	W - warning A - 12 hour B - 6 hour C - 3 hour D - 1 hour E - staged at home F - deployed	
22	Staging Areas Open	number	
23	Impact Time	24 hour clock	
24	Impact Severity	standard scale	
25	Assessment: Hospitals In Impact Area	RED GREEN YELLOW BLACK	
26	Assessment: Impact Area EMS System	RED GREEN YELLOW BLACK	
27	Assessment: Impact Area Public Health	RED GREEN YELLOW BLACK	
28	Fatalities	number	
29	Injured	number	
30	Protective Actions	A - evacuation B - sheltering C - shelter in place	
31	Medical Evacuees	A - number people B - number facilities	
32	NDMS: Teams	A - activated B - staged C - deployed D - DMAT M - DMORT S - MSU	

		T - MMST V - VMAT	
33	NDMS: FCCs Activated In Virginia	number	
34	NDMS: Airlift	A - time available E - time expected	

EMERGENCY SUPPORT CENTER CONTACTS

Telephones:	Response Operations:	(804) 371-3500 ext 3537
	Information and Planning:	(804) 371-3500 ext 3538
	Emergency Line:	(804) 371-3518
	Fax:	(804) 371-3543
E-mail address:	esf8esc@vdh.state.va.us	

Internet Situation Information: Current Situation Reports, alert states, and Emergency Briefings are posted for the ESC at:

http://members.tripod.com/~Richmond_ESM/usscdisaster.html

This site is maintained by the US Service Command, a national voluntary agency that specializes in disaster response. We expect that the site will shortly have the capability to post Mission Tasking orders as well.

NOTE: Do not call (804) 371-3500 ext 3518 (Director of Emergency Operations administrative phone) or e-mail the Director of Emergency Operations during an emergency response. These communications means are not located in the Emergency Support Center and are not monitored during an event.